

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner [unknown]

Group Art Unit 1615

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**EXAMINER [unknown]**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following documents in re Application of SINGH and SINGH, Application No. 10/763,641, filed January 22, 2004 for METHODS AND COMPOSITIONS FOR DELIVERING 5-HT3 ANTAGONISTS ACROSS THE ORAL MUCOSA are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. **PLEASE MAKE OF RECORD AS SOON AS POSSIBLE.** Copy of Withdrawal of Attorneys filed by Morrison & Foerster on February 26, 2004, and copy of thrice-filed Revocation And New Power Of Attorney And Change Of Correspondence Address, and Statement Under 3.73(b), filed in the U.S. Patent and Trademark Office on August 24, 2004, December 1, 2006, and again December 26, 2006.

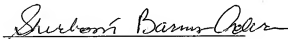
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Dated: February 1, 2007

  
Sherbonné Barnes-Anderson,  
Prosecution Paralegal Supervisor

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<h2>TRANSMITTAL FORM</h2> <p>(to be used for all correspondence after initial filing)</p>		Application Number	10/763,641
		Filing Date	January 22, 2004
		First Named Inventor	Nikhilesh N. SINGH
		Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	5	Attorney Docket Number	559142000100

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent (in triplicate) - 3 pages 2. Confirmation Letter - 1 page 3. Return Receipt Postcard
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 25226) Mika Mayer - 47,777
Signature	
Date	February 26, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

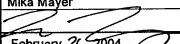
Dated: 2/26/04 Signature:  (Thao T. Pham)


<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT</b>	Application Number	10/763,641
	Filing Date	January 22, 2004
	First Named Inventor	Nikhilesh N. SINGH
	Art Unit	Not Yet Assigned
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	559142000100

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:  
This request is being made at the request of TransOral Pharmaceuticals, Inc.

<b>CORRESPONDENCE ADDRESS</b>			
1. <input type="checkbox"/> The correspondence address is NOT affected by this withdrawal.			
2. <input checked="" type="checkbox"/> Change the correspondence address and direct all future correspondence to:			
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<b>OR</b>			
<input checked="" type="checkbox"/> Firm or Individual Name	Sherbonne Barnes-Anderson (Townsend and Townsend and Crew)		
Address			
Two Embarcadero Center, Eighth Floor			
City	San Francisco	State	California Zip 94111-3834
Country			
Telephone	<input type="text"/>		Fax <input type="text"/>
<input checked="" type="checkbox"/> This request is made on behalf of myself and <input checked="" type="checkbox"/> all the attorneys/agents of record. <input type="checkbox"/> the attorneys/agents (with registration numbers) listed on the attached paper(s), or <input type="checkbox"/> the attorneys/agents associated with Customer Number <input type="text"/>			
This request is enclosed in triplicate (including any attachments).			
Name	Mika Mayer		
Signature		Registration No.	47,777
Date	February 26, 2004		
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.			

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Dated: 2/26/04	Signature:  (Thao T. Pham)

# TransOral Pharmaceuticals, Inc.

February 17, 2004

FEB 18 2004

Thomas Ciotti  
Morrison Foerster  
755 Page Mill Road  
Palo Alto, CA 94304-1018

Dear Tom:

Once again, we would like to thank you and Mika for your efforts on behalf of TransOral.

In order to facilitate a seamless transition, we request that any critical events that are to take place in the next 30 days are managed by you. This would include any important filings that are due on any of the outstanding cases. Please provide us with a summary of any such pending issues so that we may manage them with you through the transition.

In the interim, please forward all of our files to:

Sherbonne Barnes-Anderson  
Townsend and Townsend and Crew  
Two Embarcadero Center  
Eighth Floor  
San Francisco, CA  
94111-3834

We appreciate the counsel and guidance you have provided over the last several months, and thank in advance for assisting us in a smooth transition.

Sincerely,



Glenn A. Oclassen  
Chief Executive Officer

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner [unknown]

Group Art Unit 1615

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**EXAMINER [unknown]**

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Dated: December 26, 2006

  
Sherbonné Barnes-Anderson,  
Prosecution Paralegal Supervisor



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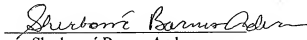
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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/763,641
Filing Date	January 22, 2004
First Named Inventor	Singh, Nikhilesh N.
Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket Number	022205-000110US

I hereby revoke all previous powers of attorney given in the above-identified application:

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

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OR

☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

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I am the:

☐ Applicant/Inventor.

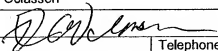
☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name

Glenn A. Oclassen

Signature



Date 8-10-04

Telephone

415-945-5420

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

**COPY**

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	10/763,641
	<b>Filing Date</b>	January 22, 2004
	<b>First Named Inventor</b>	Nikhilesh N. Singh
	<b>Title</b>	METHODS AND COMPOSITIONS FOR DELIVERING 5-HT <sub>3</sub> ANTAGONISTS ACROSS THE ORAL MUCOSA
	<b>Art Unit</b>	
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	022205-000110US

I hereby appoint:

☒ Practitioners associated with the Customer Number

20350

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name	Glenn A. Oclessen		
Signature			
Date	8-10-04	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.



**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Nikhilesh N. SINGH and Natasha N. SINGHApplication No./Patent No.: 10/763,641Filed/Issue Date: January 22, 2004Entitled: METHODS AND COMPOSITIONS FOR DELIVERING 5-HT<sub>3</sub> ANTAGONISTS ACROSS THE ORAL MUCOSATransOral Pharmaceuticals, Inc., a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by, percentage) of its ownership interest is \_\_\_\_%

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_, Frame \_\_\_\_, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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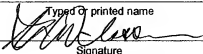
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- ☒ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

8-10-04  
Date  
415-945-5420  
Telephone number

Glenn A. Oclassen  
Typed or printed name  
  
Signature  
CEO and President

Title

# COPY

Attorney Docket No.: 022205-000110US

## ASSIGNMENT OF PATENT APPLICATION

JOINT

WHEREAS, Nikhilesh N. Singh and Natasha N. Singh both of 1220 Shelter Bay Avenue, Mill Valley, CA 94941 hereinafter referred to as "Assignors," are the inventors of the invention described and set forth in the below-identified application for United States Letters Patent:

Title of Invention: METHODS AND COMPOSITIONS FOR DELIVERING  
5-HT3 ANTAGONISTS ACROSS THE ORAL MUCOSA

Date(s) of execution of Declaration: 08/08/04 (both)

Filing Date: January 22, 2004

Application No.: 10/763,641

WHEREAS, TransOral Pharmaceuticals, Inc., a corporation of the state of Delaware, located at 300 Tama! Plaza, Suite 220, Corte Madera, CA 94925, hereinafter referred to as "ASSIGNEE," is desirous of acquiring an interest in the invention and application and in any U.S. Letters Patent and Registrations which may be granted on the same;

For good and valuable consideration, receipt of which is hereby acknowledged by Assignors, Assignors have assigned, and by these presents do assign to Assignee all right, title and interest in and to the invention and application and to all foreign counterparts (including patent, utility model and industrial designs), and in and to any Letters Patent and Registrations which may hereafter be granted on the same in the United States and all countries throughout the world, and to claim the priority from the application as provided by the Paris Convention. The right, title and interest is to be held and enjoyed by Assignee and Assignee's successors and assigns as fully and exclusively as it would have been held and enjoyed by Assignors had this Assignment not been made, for the full term of any Letters Patent and Registrations which may be granted thereon, or of any division, renewal, continuation in whole or in part, substitution, conversion, reissue, prolongation or extension thereof.

Assignors further agree that they will, without charge to Assignee, but at Assignee's expense, (a) cooperate with Assignee in the prosecution of U.S. Patent applications and foreign counterparts on the invention and any improvements, (b) execute, verify, acknowledge and deliver all such further papers, including patent applications and instruments of transfer, and (c) perform such other acts as Assignee lawfully may request to obtain or maintain Letters Patent and Registrations for the invention and improvements in any and all countries, and to vest title thereto in Assignee, or Assignee's successors and assigns.

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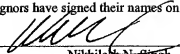
Assignment

Attorney Docket No.: 022205-000110US

Page 2

IN TESTIMONY WHEREOF, Assignors have signed their names on the dates indicated.

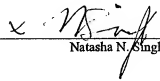
Dated: 8/9/04


  
Nikhilesh N. Singh

  
WITNESS SIGNATURE

Thomas Solaway  
WITNESS PRINTED NAME

Dated: 8/9/04

x   
Natasha N. Singh

  
WITNESS SIGNATURE

Thomas Solaway  
WITNESS PRINTED NAME

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Any Docket No. 022205-0001160US

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ATTENTION: Examiner [unknown]

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*Sherborne Barnes-Anderson*  
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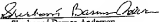
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